Iowa Department of Human Services

INFORMATIONAL LETTER NO.1972-MC-FFS

DATE: December 10, 2019

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community Based ICF/ID Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Iowa Medicaid Pharmacy Program Changes High Dose Opioids

EFFECTIVE: March 1, 2019

Effective March 1, 2019, the morphine milligram equivalents (MME) per day limit will be reduced from 200 MME per day to 150 MME per day. Prior authorization (PA) will be required for use of high-dose opioids ≥ 150 MME per day. Patients undergoing active cancer treatment or end-of-life care will not be subject to PA criteria. The MME edit will continue to be gradually decreased over time to 90 MME per day as noted in Informational Letter 1907[1].

PA requests should be submitted on the **High Dose Opioids PA form**. PA criteria for requests for opioids ≥ 150 MME is as follows:

PA is required for use of high-dose opioids ≥ 150 MME per day. See CDC Guideline for Prescribing Opioids for Chronic Pain[2]. Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

1. Requests for non-preferred opioids meet criteria for coverage (see criteria for Long-Acting Opioids and/or Short-Acting Opioids); and
2. Patient has a diagnosis of severe, chronic pain with a supporting ICD-10 code. Requests for a diagnosis of fibromyalgia or migraine will not be considered; and

[1] https://dhs.iowa.gov/sites/default/files/1907-MC-FFSIowaMedicaidPharmacyProgramChangesHighDoseOpioids.pdf
[2] https://www.cdc.gov/drugoverdose/prescribing/guideline.html

3. Patient has tried and failed at least two nonpharmacologic therapies (physical therapy; weight loss; alternative therapies such as manipulation, massage, and acupuncture; or psychological therapies such as cognitive behavior therapy [CBT]); and
4. Patient has tried and failed at least two nonopioid pharmacologic therapies (acetaminophen, NSAIDs, or selected antidepressants and anticonvulsants; and
5. There is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid medications; and
6. Pain was inadequately controlled at the maximum allowed dose without prior authorization for the requested opioid(s); and
7. Pain was inadequately controlled by two other chemically distinct preferred long-acting opioids at the maximum allowed dose without prior authorization; and
8. Chart notes from a recent office visit for pain management is included documenting the following:
    a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
    b. Treatment goals; and
9. Patient has been informed of the risks of high-dose opioid therapy; and
10. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that use of high-dose opioid therapy is appropriate for this patient; and
11. The patient's risk for opioid addiction, abuse and misuse has been reviewed and prescriber has determined the patient is a candidate for high-dose opioid therapy; and
12. A signed chronic opioid therapy management plan between the prescriber and patient dated within 12 months of this request is included; and
13. The requested dosing interval is no more frequent than the maximum FDA-approved dosing interval; and
14. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
15. Patient has been educated on opioid overdose prevention; and
16. Patient's household members have been educated on the signs of opioid overdose and how to administer naloxone; and
17. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with initial and subsequent requests; and
18. A documented dose reduction is attempted at least annually.

If criteria for coverage are met, initial requests will be given for three months. Requests for continuation of high-dose opioid therapy will be considered every six months with the following:

1. High-dose opioid therapy continues to meet treatment goals, including sustained improvement in pain and function; and

2. Patient has not experienced an overdose or other serious adverse event; and
3. Patient is not exhibiting warning signs of opioid use disorder; and
4. The benefits of opioids continue to outweigh the risks; and
5. A documented dose reduction has been attempted at least annually, and the prescriber has determined the dose cannot be reduced at this time; and
6. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that continued use of high-dose opioid therapy is appropriate for this patient; and
7. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with subsequent requests.
8. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
9. Patient has been re-educated on opioid overdose prevention; and
10. Patient's household members have been re-educated on the signs of opioid overdose and how to administer naloxone.

We encourage providers to go to the PDL website[3] to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or email info@iowamedicaidpdl.com.

[3] http://www.iowamedicaidpdl.com/